PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

				.								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN	√ΠΙΥ □	OR	OTHER SMALL	
TOTAL CLAIMS			34				lr	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	750.00
TO	OTAL CHARGE	ABLE CLAIMS	40 minus 20=		· 20			X\$ 9=		OR	X\$18=	360°°
INDEPENDENT CLAIMS			10 minus 3 =		7			X43=		OR	X94=	588
M	JLTIPLE DEPE	NDENT CLAIM P	ESENT		図] [+145=		OR	+280=	<i>28</i> 0.°°
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	1978.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL E	NTITY	OR	OTHER SMALL	THAN
AMENDMENT A	7/25/16	CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 40	Minus	** 4	0.	= 0	11	X\$ 9=		OR	X\$18=	1
	Independent	* /()	Minus	*** /	(0	<u> - </u>	flack f f f f f f f f f f f f f	X43=		OR	X86=	<u></u> .
_	FIRST PRESE	ENTATION OF MI	JETIPLE DEI	PENUENI	CLAIM		」	+145=		OR	+290=	
		•					A	TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	լ					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=] [X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		┙┞	+145=		OR	+290=	
٠		•					L Al	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	_					
۶ŀ	·	CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Trdal	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1 t	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT FEE												
1	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is	less that	n 3, enter *3.*		ODIT. FEE L	ropriate box		ADDIT. FEE I umn 1.	